

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/537273

FILING DATE

26 MAY 2005

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
9			/			
10			/			
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47			/			
48			/			
49			/			
50			/			
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	43	←		←
TOTAL CLAIMS			48			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52			/			
53			/			
54			/			
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98						
99						
100						
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	4	←		←
TOTAL CLAIMS			4			